

**STATE OF ALABAMA  
ELECTRICAL CONTRACTORS LICENSING BOARD**

**INSTRUCTION TO APPLY FOR  
ELECTRICAL CONTRACTOR LICENSE BY EXAMINATION**

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Persons applying for statewide Electrical Contractor examination must demonstrate a minimum of four (4) years experience that shows that you have designed, planned, laid-out and directly supervised electrical construction activities and the installing of electrical components. For each employer listed, you must submit a list of jobs you have supervised electrical construction activities, on pages 4 and 5 of application. Applicant may substitute (1) year education in electrical curriculum for one-half (1/2) year electrical experience for a maximum of two (2) years credit of the four (4) years experience requirement. The applicant must submit a copy of the diploma or certificate. Licenses are issued to an individual only in the name of a business. Make sure you list a company name and information on the application or it will be denied. **Please type or print neatly on the application.**

**Electrical Contractor** – The scope of licensing includes installation, design, plan, laid-out and directly supervise electrical construction activities. This work supervised must be commercial or industrial. This license is unlimited in voltage and bid requirements.

**THE COMPLETED NOTARIZED APPLICATION MUST BE RETURNED ALONG WITH THE EXAMINATION FEE OF \$165.00 IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER (PERSONAL CHECKS OR BUSINESS CHECKS WILL NOT BE ACCEPTED). THE EXAMINATION FEE IS NON-REFUNDABLE IF YOU ARE APPROVED TO TAKE THE EXAMINATION.**

**PLEASE MAKE CHECKS PAYABLE TO:**

**ALABAMA ELECTRICAL CONTRACTORS BOARD  
SUBMIT TO:  
610 S. McDONOUGH ST.  
MONTGOMERY, AL 36104**

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR EXAMINATION AS AN ELECTRICAL CONTRACTOR IN ACCORDANCE WITH ACT 85-921 STATE OF ALABAMA.

NAME IN FULL \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

RESIDENCE ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

BUSINESS ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_  
(area code) (area code)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

Have you ever been convicted of a Felony or Misdemeanor other than a traffic violation? If yes, explain \_\_\_\_\_

The Board reserves the right to correspond with any employers and references listed in this application to check all information given.

Please list below the names, addresses and telephone numbers of three (3) persons other than relatives who have knowledge of your experience in electrical work to whom the Electrical Contractors Board may refer:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO CONDUCT BUSINESS AS (Check one only):

Proprietorship     Corporation     Partnership     Other (Specify)

NAME OF BUSINESS: \_\_\_\_\_

IRS (tax) Identification # \_\_\_\_\_

LOCATION OF BUSINESS:

\_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

MAILING ADDRESS:

\_\_\_\_\_  
(STREET OR P.O. #) (CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER

(\_\_\_\_) \_\_\_\_\_

FAX NUMBER

(\_\_\_\_) \_\_\_\_\_

List all persons currently qualified with this business entity to engage in electrical contracting.

NAME	TYPE OF LICENSE	ISSUING JURISDICTION

The applicant must be legally qualified to act for this business entity in all matters concerned with its electrical contracting business.

I am aware of the penalties involved in permitting of an unlicensed contractor and certify that the information given in this application are true and correct to the best of my knowledge. I understand that any mis-information or false statement made herein will void any examination or license issued me upon this application.

The undersigned hereby declares that the information is a true statement of the experience of the individual herein first named as of the date herein first given; that this statement is for the express purpose of inducing the Electrical Contractors Board, to whom it is submitted, to issue to the submitter a State-wide electrical contractors license; and that any business entity or individual herein named is hereby authorized to supply such party with any information necessary to verify this statement.

This Applicant, employed by my company, has the authority to bind this company on matters connected with its electrical contracting business.

**In this space applicant must attach a clear, full-face photo of head and shoulders taken within the past six (6) months. 2'x2' size**

\_\_\_\_\_ Date  
 \_\_\_\_\_ Signature of the Company President, Chief Executive Officer or owner of the company.  
 \_\_\_\_\_  
 Print Name Title

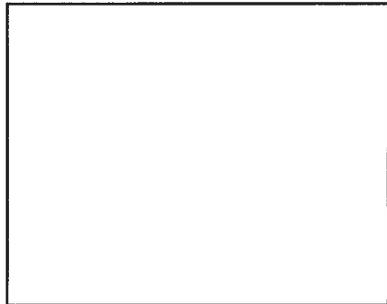
\_\_\_\_\_  
 SIGNATURE OF APPLICANT DATE

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**THUMB PRINT TO BE IMPRINTED AT TEST SITE**

\_\_\_\_\_  
NOTARY SEAL – SIGNATURE OF NOTARY PUBLIC

My Commission Expires \_\_\_\_\_  
Commission Stamp



**BUSINESS ENTITY JOB LIST**

**ELECTRICAL CONTRACTORS BOARD**  
 610 S. McDonough St.  
 Montgomery, AL 36104

**LIST OF JOBS AND/OR EDUCATION YOU SUPERVISED TO DEMONSTRATE FOUR (4) YEARS EXPERIENCE.**  
 List in Chronological order.

Name of Business Entity \_\_\_\_\_ Applicant \_\_\_\_\_

A. Job start date (Mo/Yr) ----- B. Job completion date (Mo/Yr)	Description of the Job	Dollar Value of Elec. Contract	Location City – State	Name of Person that pulled the permit	Name of General Contractor	If BUSINESS ENTITY Contacted directly with the OWNER, who was the owner or owners representative?
A.  ----- B.						
A.  ----- B.						
A.  ----- B.						
A.  ----- B.						

NOTE: If you require additional space, photo copy this page and attach additional pages to application

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**FOR BOARD USE ONLY**

APPLICATION FEE PAID \_\_\_\_\_ REMITTANCE DATE \_\_\_\_\_ REMITTANCE # \_\_\_\_\_

LICENSE FEE PAID \_\_\_\_\_ REMITTANCE DATE \_\_\_\_\_ REMITTANCE # \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_ DATE LICENSED \_\_\_\_\_

NAME OF LICENSEE \_\_\_\_\_

NAME OF BUSINESS WITH WHOM LICENSEE IS LICENSED \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

NAME OF BUSINESS WITH WHOM LICENSEE IS LICENSED \_\_\_\_\_

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NAME OF BUSINESS WITH WHOM LICENSEE IS LICENSED \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

NAME OF BUSINESS WITH WHOM LICENSEE IS LICENSED \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

DATE APPLICATION REVIEWED: \_\_\_\_\_ REVIEWED BY: \_\_\_\_\_

APPROVED FOR EXAMINATION: \_\_\_\_\_

DISAPPROVED FOR EXAMINATION DUE TO: \_\_\_\_\_

DATE EXAM GIVEN	EXAM NUMBER	SCORE	REVIEWED BY

# EMPLOYMENT AFFIDAVIT

The information below is requested by the Alabama Electrical Contractors Board and must accompany the application of an applicant to take the Electrical Contractors Examination or Journeyman Electricians Examination.

Applicant must furnish the Board a separate affidavit from each employer listed on his application, certifying the hours in electrical construction work. Applicant CANNOT certify his/her own electrical construction hours.

## TYPE OR PRINT ONLY

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I hereby certify that

\_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

\_\_\_\_\_, was employed by \_\_\_\_\_  
Social Security Number Company Name

\_\_\_\_\_ in the capacity of:  
Company Address, City, State, Zip Code

(If employed in more than one capacity, list each position and the period of time applicable).

- E** First Position **apprentice electrician** from the 14th day of **November 1990**  
**X** through the **30th** day of **August 1992**.  
**A** Second Position **journeyman electrician** from the **1st** day of **September 1992**  
**M** through the **30th** day of **December 1994**.  
**P** Third Position **electrical supervisor** from the **3rd** day of **January 1995**  
**L** through the **30th** day of **September 1997**.  
**E**

First Position \_\_\_\_\_ from the \_\_\_\_\_ day of \_\_\_\_\_,  
through the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. Total hours worked \_\_\_\_\_

Second Position \_\_\_\_\_ from the \_\_\_\_\_ day of \_\_\_\_\_,  
through the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. Total hours worked \_\_\_\_\_  
**\*(Only list time in hours not years. Multiply each year by 2,000 to convert years to hours.)**

Total Time Worked \_\_\_\_\_

I certify that the above statements are true and correct according to the Company Records and/or my personal knowledge.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Name (PLEASE PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
NOTARY  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Company

(Seal)

\_\_\_\_\_  
LIC # or Title

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone Fax

Email: \_\_\_\_\_

**IF THIS FORM IS NOT FILLED OUT ENTIRELY, THE APPLICATION WILL BE DENIED**

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\_\_\_\_\_  
Company

(Seal)

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LIC # or Title

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\_\_\_\_\_  
Company

(Seal)

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